

FLU VACCINE ADMINISTRATION RECORD

Complete sections 1 and 2 below as well as the questionnaire on the back – *Please Print Clearly*

1. Individual to be vaccinated:

Name: _____ Telephone: _____
LAST NAME FIRST NAME MI

Date of Birth: _____ Age: _____ Gender: Female Male

Do you weigh less than 130 pounds? yes no

Town of Residence: _____

Mailing Address: _____
P.O. BOX OR RR TOWN STATE ZIP

I am not allergic to chicken eggs, chicken, chicken feathers or dander; I am not allergic to Thimerosal (a mercury-based preservative); I do not have a history of severe allergic reactions to vaccines.

Signature of person receiving the vaccine or that person's parent/legal guardian if under 18 Date: _____

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2020-2021 Influenza Vaccine Information Statement and understand the risks and benefits. I give consent for my child named on this form to get vaccinated with this vaccine and for clinic organizers to share this information with my child's primary care provider and school. Children under the age of 18 will not be vaccinated without this signed consent.

Child's Pediatrician/PCP: _____ Child's School: _____

Parent/Legal Guardian's Signature Date: _____

2. Complete this section if you are covered by Medicare Part B or other insurance and sign again below.

Medicare Number: _____ Part B? YES NO

Other Insurance: _____ Policy Number: _____

I give permission for this agency and/or the Massachusetts Department of Public Health to bill Medicare Part B or my other insurance carrier on my behalf for influenza vaccine.

Your Signature Date: _____

Please complete the Questionnaire on back →

Below this Line for Clinic Use Only

Vaccine	Type of Vaccine	Date given mo/da/yr	Dose	Route	Site* RA - LA RT - LT	Vaccine		Information Statement		Vaccine Admin. Initials
						Lot # Exp. Date	Mfr	Date on VIS	Date Given	
Influenza	Flu	10/23/2021	0.5ml	IM				8/6/21 – Eng. 8/7/15 – Port.	10/23/21	

Signature of Vaccine Administrator

* Site given: RA = Right Arm, LA = Left Arm, RT = Right Thigh, LT = Left Thigh.